

**Professional Licensing Agency**  
 402 West Washington Street  
 Room W072  
 Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Lindsay M. Hyer**  
*PLA Executive Director*

**Podiatrist Reinstatement**

Your podiatrist license has been expired for three or more years. To reinstate, please print and complete this form in its entirety and submit it with the reinstatement fee of \$250.00 and required documentation as seen below to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question, below send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?			YES NO
2. Since you last renewed, have you been denied or surrendered a license, certificate, registration, or permit in any state or U.S. territory?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U. S territory?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in Lieu of discipline or termination?			YES NO
6. Since you last renewed, have you had any addiction or treatment for addiction to alcohol or a chemical substance?			YES NO
7. Since you last renewed, have you had any physical injury or disease or mental illness that affected or may affect your ability to practice podiatric medicine?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I have met the continuing education requirements for renewal, understand the Board of Podiatric Medicine statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

**Required Documents:** Please submit the following with this form and fee:

1. Letter of work history from the time your license expired to current
2. Verification of licenses held in any state
3. Certificates of completion for all continuing education completed
4. Letter from current employer

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov).

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date